

FILED JAN 13 1944

Registration District No. 140

Primary Registration District No. 5275

Registrar's No. 7

1. PLACE OF DEATH:

(a) County: Clark
(b) City or town: Rural Des Moines Twp
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

3. (a) PRINT FULL NAME: NETTIE ANN Stumpf

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex: F. M. 5. Color or race: W. 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased: Oct 13 1869 (Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 6 If less than one day hr. min.

9. Birthplace: Clark Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: at Home

11. Industry or business

12. Name: John Stumpf

13. Birthplace: Ohio (City, town, or county) (State or foreign country)

14. Maiden name: Mary M. Davolt

15. Birthplace: Iowa (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Ada Hill

(b) Address: Alexandria Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-1-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Sand Cemetery

18. (a) Signature of funeral director: Fred J. Hale

(b) Address: Keokuk Mo.

19. (a) 12-4-43 (Date received local registrar) (b) P. S. Barton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Clark
(c) City or town: Rural Des Moines Twp (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 29th year: 1943 hour: 11 minute: A M.

21. I hereby certify that I attended the deceased from 19... and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to... Due to...

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).
(b) Date of occurrence.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature: J. L. McCull (M. D. or other) Address: Keokuk Mo. Date signed: 11-29-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

RECEIVED
JAN 12 1944

RECEIVED
District Health Officer No. 10
District File Number J-44-199
Date Filed JAN 12 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Fred Karle
Licensed Embalmer No. 1023
P. O. Address Kohoko Wl

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.